BEST AVAILABLE COPY

									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
	<u></u>		141935										
CLAIMS AS FILED - PART I								SMALL EN	TITY	OTHER THAN			
TO	TAL CLAIMS		(Column	1) 4	(Column 2)		ľ	TYPE		OR I [SMALL		
							ŀ	RATE	FEE	<u> </u>	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		-	BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS			/9 minus 20=		9			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		0			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II									• . • .		OTHER		
<u> </u>	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	, 	
A		CLAIMS REMAINING		HIGH NUM	BER	PRESENT		RATE	ADDI- TIONAL		RATÉ	ADDI- TIONAL	
		AFTER AMENDMENT		PREVIO PAID		EXTRA		TAIL	FEE		IIAIE	FEE	
AMENDMENT A	Total	*	Minus	** -		= .		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		1	+270=		
								+135= TOTAL		OR	+270=		
1								ADDIT. FEE		OR	ADDIT. FEE	<u> </u>	
<u> </u>	·	(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1	-	ADDI	1 1		ADDI	
8		REMAINING AFTER		NUM	MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT B		AMENDMENT			FOR		$\{\ $		FEE	-		FEE	
	Total	*	Minus	**		= .	 	X\$ 9=		OR	X\$18=		
	Independent	TATION OF M	Minus	***	T CL AIRA	= '		X40=		OR	X80=		
<u> </u>	FIRST PRESE	NIATION OF M	OLITE DE	CNDEN	CLAIM		ا د	+135=		OR	+270=		
								TOTAL			TOTAL		
								ADDIT. FEE		10n	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								ADDI	1	f	ADDI-	
AMENDMENT C		REMAINING AFTER		PREV	MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	TIONAL	
WE	Tabal	AMENDMENT	Minus		FOR		{		FEE	ł ·		FEE	
	Total	*	Minus Minus	**		= .	 	X\$ 9=	n Figu	OR	X\$18=		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Independent	* NTATION OF M			T CLAIM		┨╏	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
.	If the entry in colu	ımn 1 is less than t	the entry in col	umn 2, wri	te "0" in co	olumn 3.		TOTAL ADDIT. FEE		OR	TOTAL		
::	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number								oropriate bo	•	ADDIT. FEE		
1	ine "mignest Nur	nper Previousiv Pa	BUTOF (10121)	n nicepen	นอกเมาเรียกใ	o ingriest fluffi0t	יטו ויט	unu iii ule dµ	יישיושוים אוישיישי	- A 111 W			